



Missouri Department of Health and Senior Services  
Division of Community and Public Health  
Section for Environmental Public Health  
Bureau of Environmental Epidemiology  
Environmental Public Health Tracking Program



# **MISSOURI EPHT RISK COMMUNICATION & MANAGEMENT PLAN BEGINNING AUGUST 1, 2011**





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## **Authority**

This RCMP conforms to rules, regulations, guidance, policies, and procedures under the following:

### **Federal:**

- Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)
- Emergency Planning and Community-Right-to-Know Act (EPCRA)
- Natural Resource Damage Assessment (NRDA)
- National Environmental Policy Act (NEPA)
- Resource Conservation and Recovery Act (RCRA)
- Occupational Safety and Health Act (OSHA)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Executive Order 12898 of February 11, 1994 - Federal Actions To Address Environmental Justice in Minority Populations and Low-Income Populations (Amended by Executive Order 12948 of January 30, 1995)
- Executive Order 12906 of April 11, 1994 - Coordinating Geographic Data Acquisition and Access: The National Spatial Data Infrastructure
- Executive Order 12915 of May 13, 1994 - Federal Implementation of the North American Agreement on Environmental Cooperation
- Executive Order 13045 of April 21, 1997 - Protection of Children From Environmental Health Risks and Safety Risks (Amended by Executive Order 13229 of October 09, 2001/Amended by Executive Order 13296 of April 18, 2003)
- Executive Order 13231 of October 16, 2001 - Critical Infrastructure Protection in the Information Age
- Executive Order 13407 of June 26, 2006 - Public Alert and Warning System
- Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) publication "CDC's Strategy for the National Environmental Public Health Tracking Program" of Fiscal Years 2005 - 2010
- DHSS, CDC publication "CDC's National Environmental Public Health Tracking Program National Network Implementation Plan (NNIP)" of August 2006

### **State:**

- All Missouri Revised Statutes, in particular:
  - Title IV - Executive Branch
  - Title XII - Public Health And Welfare
  - Title XXXIX - Conduct Of Public Business (Sunshine Law)
  - Title XLI – Codes and Standards
- All Missouri Code of State Regulations, in particular:
  - Title 19
- Missouri State Emergency Operations Plan

**State (cont.):**

- Executive Order 05-20 of July 21, 2005 - Establishes the Missouri Homeland Security Advisory Council
- Executive Order 05-42 of November 14, 2005 - Establishes the National Incident Management System (NIMS) as the standard for emergency incident management in the State of Missouri.
- Executive Order 06-09 of February 10, 2006 - Establishes the Homeland Security Advisory Council as a continuing board and updates the structure of Homeland Security (Amends Executive Order 05-20)
- Executive Order 06-23 of June 27, 2006 - Establishes Interoperable Communication Committee
- Executive Order 01-16 of September 21, 2001 - Reauthorizes the Missouri Commission on Intergovernmental Cooperation
- Executive Order 02-22 of December 17, 2002 - Establishes the Office of Child Welfare Ombudsman

**Departmental:**

- Missouri Department of Health and Senior Services (DHSS) Administrative Policy Manual
- DHSS Services Operational Directives
- Established Memorandums of Understanding/Agreements (MOU/As)

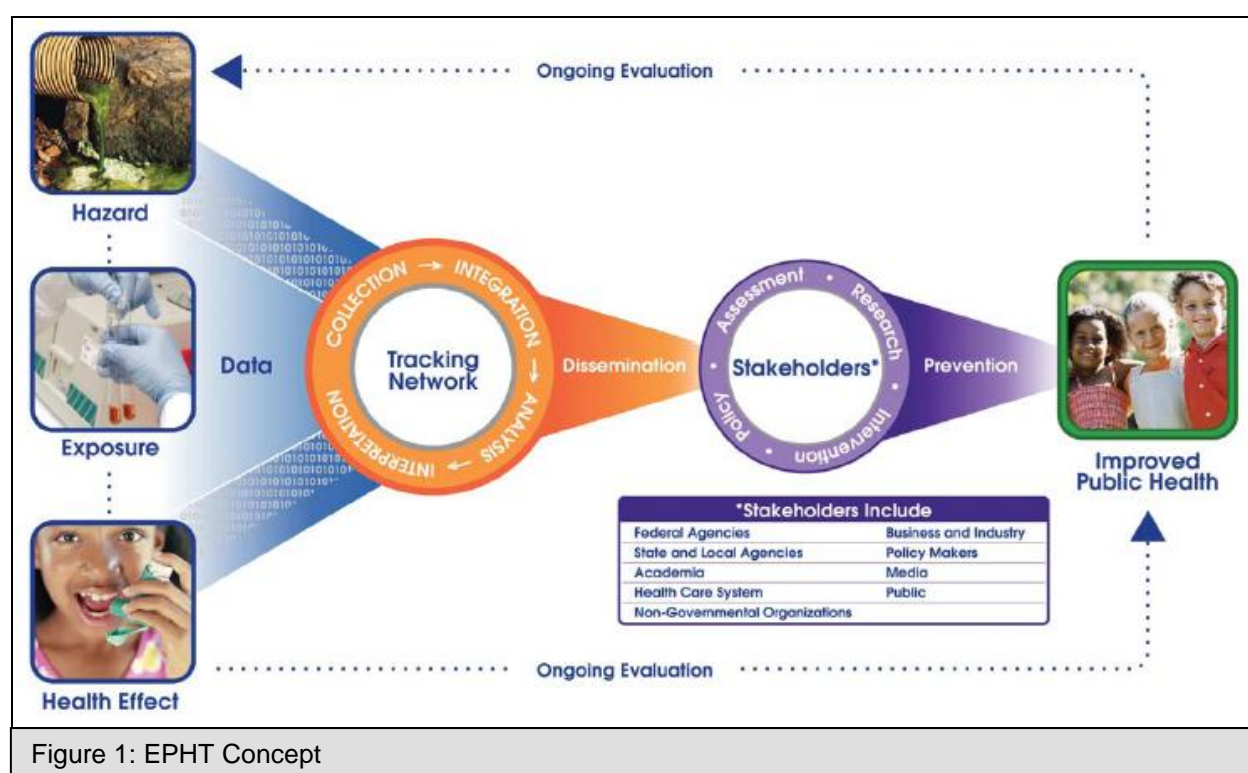


## Purpose

This RCMP has been created to identify and address the needs between the DHSS EPHT program and the citizens of Missouri.

This plan has been produced to enhance coordination and information exchange between the community, the Missouri EPHT program, and all partner entities by providing an overall reference tool for all parties interested in the EPHT program at DHSS.

The mission and purpose of the EPHT program is to provide information to and from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities. This national network integrates three distinct components: hazard monitoring, exposure surveillance, and health effects surveillance.



The CDC Environmental Tracking Branch has established the network by drawing on a wide range of expertise from federal agencies, state and local health and environmental agencies, non-governmental organizations, state public health and environmental laboratories, and the program's schools of public health working in partnership with each other. A complete grantee listing is included as Appendix B: EPHT Grantee Map.



**National EPHT Network Goals are:**

1. Build a sustainable National EPHT network
2. Enhance EPHT workforce and infrastructure
3. Disseminate information to guide policy, practice, and other actions to improve the nation's health
4. Advance environmental public health science and research
5. Foster collaboration among health and environmental programs

**Missouri EPHT Network Goals are:**

1. Operate, maintain, and enhance the Missouri EPHT network for the collection, access, analysis and dissemination of environmental public health data, knowledge and information.
2. Promote the use of Missouri's EPHT network through marketing and outreach.
3. Use the EPHT network to guide policy and other actions to improve the health, safety and well-being of Missouri citizens.
4. Foster collaboration among Missouri's EPHT partners.



## Scope

### **Background**

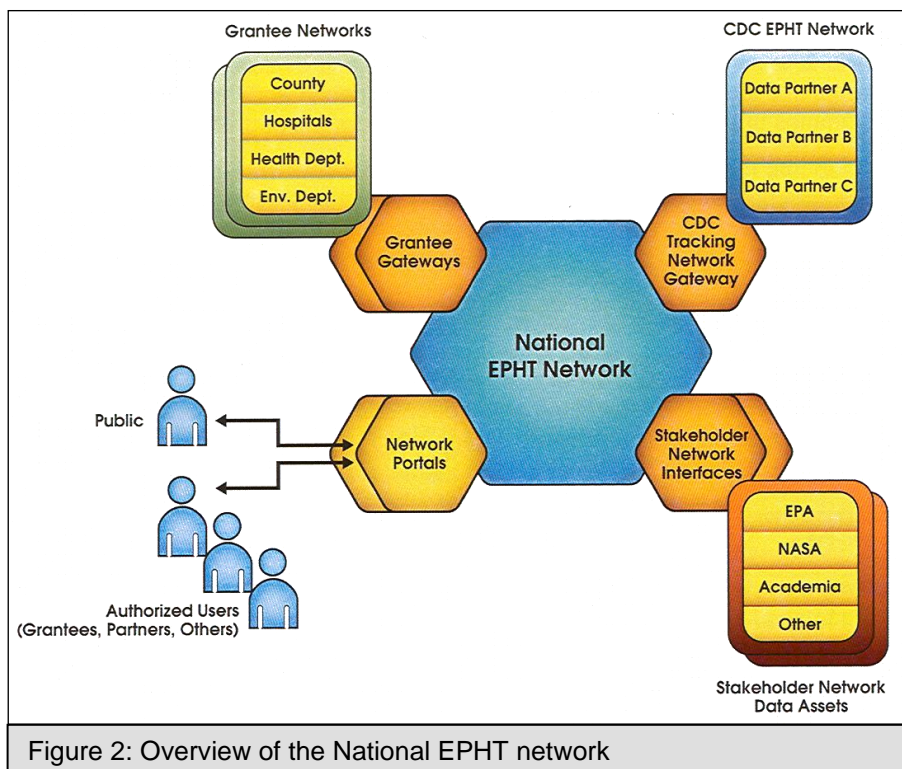
In January 2001, the Pew Environmental Health Commission issued the report “America’s Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network.” The report, which stated that the existing environmental health system is neither adequate nor well organized, recommended the creation of a “Nationwide Health Tracking Network for disease and exposures.”

Currently, no systems exist at the state or national level to track many of the exposures and health effects that may be related to environmental hazards. In addition, in most cases, existing environmental hazard, exposure, and disease tracking systems are not linked together. Because existing systems are not linked, it is difficult to study and monitor relationships among hazards, exposures, and health effects.

Environmental public health tracking is the ongoing collection, integration, analysis, and interpretation of data about the following factors:

- Environmental hazards
- Exposure to environmental hazards
- Health effects potentially related to exposure to environmental hazards

The EPHT network will help to protect communities by providing information to federal, state, and local agencies. These agencies, in turn, will use this information to plan, apply, and evaluate public health actions to prevent and control environmentally related diseases.



## **Missouri's EPHT History**

Since joining the program in 2002, Missouri has collaborated with federal, state, and local partners to bring together its distributed environmental data. These efforts have provided a means to evaluate the effectiveness of environmental monitoring in the state.

Missouri's EPHT concept is based on the primary epidemiological factors of:

- Person data – Characteristics such as demographic data (e.g. age, gender, race, etc.) and/or biometric data (e.g. weight, height, eye/hair color, etc.) will be captured for each case to serve as personal identifiers. Additionally, specific descriptors related to the particular case will also be recorded (signs/symptoms, laboratory test results, etc.). Lastly, idiosyncratic labels such as individual genetic maps or DNA codes may also be used, when/if they become available.
- Place data – Normal residence location will be geo-coded; also, other sites such as day cares, schools, workplaces, recreational venues, etc. will be determined and notated. Additionally, place may be defined as site of the exposure and include activities such as avocations, travel, or diet.
- Time data – Specific details of date and clock period will be taken for onset of conditions or determination of test results. Time may also be used to predict exposure windows of opportunity or incubation periods.

New enterprise data systems, like Lead Application Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC), provide access to child and address information to assist in case management and risk activities. Providers, local public health agencies, and Medicaid managed care plans can access child health information from multiple data sources through the application's Child Web Summary.

The use of technologies like Geographic Information Systems (GIS) and Global Positioning Systems (GPS) has further enhanced tracking efforts, while Web mapping applications have improved the dissemination of environmental health information. Additionally, Missouri is currently planning to develop its own centralized metadata registry. Team members are actively participating in efforts to develop business rules and a standardized metadata registry logical data model.

## **Organization and Assignment of Responsibilities**

### **DHSS Staff/Program Organization**

The department is organized into three programmatic divisions: Regulation and Licensure, Senior and Disability Services, and Community and Public Health.

The Division of Regulation and Licensure ensures the quality of a variety of entities including child care and lodging facilities, hospitals and ambulatory surgical centers, medical and industrial sources of radiation, home health and hospice providers, long-term care facilities including residential care, intermediate care and skilled nursing facilities, emergency medical services and lead remediators and pharmacies and persons authorized to prescribe or dispense controlled substances.

The Division of Senior and Disability Services (DSPS) investigates allegations of elder abuse and administers programs designed to maximize independence and safety for adults who are at risk of abuse, neglect, and financial exploitation or have long-term care needs that can be safely met in the community.

The Division of Community and Public Health (DCPH) administers programs that impact family health, the prevention of chronic diseases, nutrition and other programs that improve the health of communities. It is also the principal unit involved in the surveillance and investigation of the cause, origin, and method of transmission of communicable diseases and environmentally related medical conditions including the EPHT program.

More information on the Department's organization is included as Appendix A: EPHT Staff Listing and Appendix C: DHSS Organization Chart.

### **Designation of Spokesperson and Media Contact**

The EPHT program relies on the DHSS Office of Public Information (OPI) to speak publicly on behalf of the program. Jacqueline Lapine is the communications director for the department and all media requests should be addressed to her.

Roger Gibson, BS, MPH, the Environmental Public Health Tracking Program Grant Manager, has been designated as the EPHT contact to the OPI. Mr. Gibson has managed the EPHT program since its inception. He is responsible for grant expenditures, deliverables, and program coordination. Mr. Gibson has 34 years public health experience in management, environmental public health, environmental epidemiology, and surveillance. He was responsible for the DHSS environmental public health response to the flood of 1993. He has also served as bureau chief of the former Bureau of Community and Environmental Health as well as the deputy chief of the former Office of Surveillance.

Information on contacting Mr. Gibson is included in the *Point of Contact* Section of this plan.

### **24/7 Staffing for Crisis**

DHSS has implemented emergency response and terrorism procedures and made plans for the specialized equipment and staff needed to respond more quickly if a catastrophic event occurred in Missouri.

The Center for Emergency Response and Terrorism (CERT) was created to coordinate regional and state planning for, and response to, public health emergencies and natural disasters, including biological, chemical, and nuclear terrorism.

The Department Situation Room (DSR) ensures staffing and functional ability to operate as a command-and-control center in the event of an emergency or crisis. The DSR has state laboratory, epidemiology, communication and medical capacity. The DSR is staffed by a duty officer 24 hours a day, 7 days a week, and monitors the day-to-day

emergency preparedness of the state. For emergencies and disease reporting, call the DSR at 800-392-0272.

Missouri's best defense is a coordinated response that incorporates state and local capabilities into one plan, and this is being accomplished through contracts with 32 local public health agencies and the hiring of regional planners, regional epidemiology specialists, regional public information officers, and regional trainers. State and Local Public Health Agencies (LPHAs) have made significant improvements in planning, surveillance and epidemiology, laboratory capacity, communications and public information, and education and training.

### **Public Health's Role**

- Activate and maintain High Alert Disease Reporting System
- Assure public health investigation response
- Assure rapid medical care on a large scale
- Assure lifesaving medical supplies
- Prevent secondary transmission
- Provide public information
- Provide ongoing education and training
- Assure rapid chemical and nuclear response
- Assure management of fatalities
- Assure immediate communications among experts, supply sources and on-site managers

### **Interaction/Responses Required of Other Agencies**

CERT also ensures interdepartmental coordination between other local and state agencies on public health emergency planning and response along with hospitals, other healthcare organizations, and other agencies like local law enforcement. DHSS developed the first MOU/A in the nation with the Federal Bureau of Investigations (FBI) to aid in investigations of terrorist acts. The center also assures that the state and regional plans are regularly exercised, evaluated and refined based on the exercises and evaluations.

### **Partnerships**

The Bureau of Environmental Epidemiology (BEE) has a long established history of collaboration with local, state, and federal entities. While future EPHT projects will involve Missouri-based agencies, the EPHT team will also continue to vigorously pursue opportunities to work with agencies in other states and at national levels. Our commitment to working closely with our partners is illustrated by the following list of collaborative partners, past and present, including: the Missouri Office of Administration (OA), Agriculture (MDA), Conservation (MDC), Economic Development (DED), Elementary and Secondary Education (DESE), Department of Natural Resources (DNR), Social Services (DSS), and the Missouri Census Data Center (MCDC).

Within DHSS, the EPHT team continues to collaborate with the following: Missouri Cancer Registry and Research Center (MCR-ARC), Chronic Disease, Minority Health,



Special Health Care Needs, Bureau of Health Informatics (BHI), Bureau of Vital Records (BVR), and the Maternal, Child, and Family Health programs.

The Missouri EPHT team has also collaborated with several colleges and universities including: Tulane University, University of Missouri-Columbia, Lincoln University, Saint Louis University, Washington University in St. Louis, Missouri Southern State College, Central Methodist University, University of Illinois, University of Pittsburg, and University of California-Berkeley.

Further collaborative relationships have been established with the following federal agencies: Environmental Protection Agency (EPA), Agency for Toxic Substances and Disease Registry (ATSDR), United States Geological Survey (USGS), Department of Housing and Urban Development (HUD), Health and Human Services (HHS), and CDC.

In an attempt to normalize data collection and sharing with our partners in the future, the EPHT program has developed the Missouri Data Investigation, Collection, and Evaluation (DICE) protocol. This protocol includes flowcharts and templates that document the processes followed by all EPHT staff when contacting and investigating potential data sources, assessing data available, and evaluating its potential for partnership or inclusion on the state EPHT network. This protocol includes a Missouri-specific MOU/A template to provide a consistent standard for all Missouri EPHT partnerships.

More information on EPHT partnerships is included as Appendix E: Data Sharing Agreement (DSA) and MOU/A Contacts.

## Situations and Assumptions

### **How risks are identified**

The Missouri EPHT team, as part of its self-assessment process, undertakes an ongoing, continual Strengths/Weaknesses/Opportunities/Threats (SWOT) Analysis. This analysis identifies what is happening in the program and describes key factors that may influence programmatic issues. The detailed evaluation of trends, conditions, opportunities, and obstacles provides direction in the development of the program's goals and objectives.

The process of identifying potential risks, establishing causes, and estimating the probability that adverse effects will occur begins with silent brainstorming by utilizing a survey of EPHT team members and affiliated partners.

The survey is sent to each person with instructions to complete the questionnaire based on their own experiences and viewpoint for each goal and objective identified in the Missouri EPHT Strategic Plan (see figure 3).

What could go wrong?	
What is the likelihood that it would?	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Who would be affected?	
What is the seriousness?	<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme
How can this be avoided?	
What is the contingency plan?	
What will it cost (estimate)?	\$
Who needs to be contacted?	
What message needs to be relayed?	
What are the roles/responsibilities of each team member?	
What criteria can be used to evaluate the results?	
Thoughts/Comments:	
Figure 3: Initial Questionnaire of EPHT Team Members and Affiliated Staff	

Upon receipt of the completed questionnaires, the responses are compiled and consolidated (see figure 4). The consolidated responses are then distributed to all EPHT team members and affiliated staff.

<b>Goal</b>		
<b>Objective</b>		
<b>Strategies</b>		
<b>What Could Go Wrong</b>	<b>Likelihood</b>	<b>Seriousness</b>
<b>How Can This Be Avoided?</b>	<b>What Is The Contingency Plan?</b>	
<b>Who Would Be Affected?</b>	<b>Who Would Need To Be Contacted?</b>	
<b>What will It Cost (estimate)?</b>	<b>What Message Needs To Be Relayed?</b>	
<b>Thoughts/Comments</b>		
RETREAT NOTES: _____		
_____		
_____		
_____		

Figure 4: Compiled Questionnaire Response Format

A retreat is held for the purpose of reviewing and evaluating the results of the survey. Free-form brainstorming is encouraged. An affinity diagram is then created to organize the risks to each goal and objective into a visual pattern.

Once the group reaches consensus regarding the risks to each goal and objective, the likelihood and seriousness of each are discussed. Likelihood refers to the probability that the risk may occur. Responses are classified as low, medium, or high. Seriousness refers to the impact the risk would have on the EPHT program, if the risk were to occur. Responses are classified as low, moderate, severe, or extreme.

In order to produce a risk register, numerical values have been assigned to each classification for both likelihood and seriousness (see figure 5). The risks to each goal and objective are scored individually with the minimum possible score a 2 and the

maximum possible score a 7 (see figure 6). Once the scores are calculated, a risk plot chart is produced to organize the information into a visual pattern. The risk plot chart is color coded by priority. Red represents the highest priorities, yellow the medium, and green the lowest (see figure 7).

	Likelihood	Seriousness
Low/Low	1	1
Medium/Moderate	2	2
High/Severe	3	3
Extreme	N/A	4

Figure 5: Risk Register Classification Values

	Likelihood	Seriousness	Risk Score
Risk A	1	3	4
Risk B	2	1	3
Risk C	3	4	7
Risk D	3	2	5

Figure 6: Example of Risk Register Scoring

High		D		C
Medium	B			
Low			A	
	Low	Moderate	Severe	Extreme

Figure 7: Example of Risk Plot Charting

By utilizing both the risk register and risk plot chart, the EPHT team is then able to stratify, or rank, each risk and plan appropriate communication and management strategies for each.

### Special Considerations to Special Populations

It is the policy of DHSS to provide equal opportunity to applicants, employees and clients without regard to race, color, religion, sex, age, national origin, political belief, veteran status, or disability.

In accordance with the Affirmative Action Program, Governor's Executive Order 94-03, applicable federal and state laws and regulations, and the principles of affirmative action and equal employment opportunity, DHSS provides equal opportunity for all in recruitment, hiring, training, promotion, transfer, compensation, and all other terms and conditions of employment without regard to protected category status. These same principles apply to all aspects of service provision. DHSS is firmly committed to compliance and enforcement of all federal and state regulations, which forbid discrimination in the delivery of services to clients and patients served by the programs

of the department. DHSS conducts routine compliance reviews of all contractors to ensure regulations are met.

All staff and contractors of DHSS adhere to the DHSS Administrative Policy and the Workforce Diversity Plan. Supervisory and management staff shall assure that the intent, as well as the stated requirements, is implemented in all employee relations and personnel practices.

### **Responsibility for Public Notification and Media Involvement**

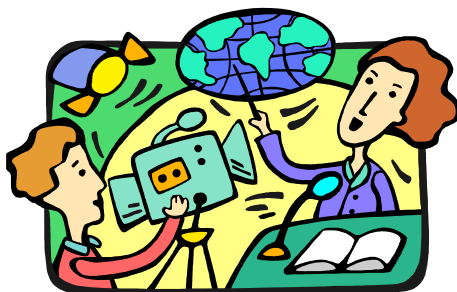
DHSS is frequently called upon to answer questions or make statements on complex issues. In order for the EPHT program to maintain credibility with the media, elected officials, and the public, it is important that all information that is released be accurate and consistent with Department priorities and policies.

The DHSS/OPI coordinates all media contacts for DHSS, including the EPHT team, and provides information in response to inquiries from other agencies and the public. The office also provides training in risk communication to assist department employees in efforts to reduce and prevent illness, injury and death during a public health response.

The duties of the office include:

- Preparing and distributing news releases and reports on activities of the department,
- Designing and editing publications including newsletters, brochures, and pamphlets for divisions and programs within the department,
- Advising other units of the department about the communications aspects of public health and senior services programs and assisting them in designing their publications and audiovisual materials, and
- Providing video services for the department.

A complete contact listing is included as Appendix D: DCPH Public Notification Staff Contact Listing.





## **Process/Procedures for Public Notification**

### ***Interaction with the media and the public***

In accordance with DHSS policy, the EPHT team will respond by answering specific questions about previously published information or public facts and established Department policy. Replies to correspondence will be responded to within 10 calendar days with the requested information or an explanation to the initiator of the correspondence of the delay and an approximate date when the full response will be available.

In case of contact with the media, the EPHT team member will send an electronic mail message or call the Chief of the OPI, to inform him/her that the information has been requested and how the team member responded. The team member will only discuss established DHSS policy and will avoid giving personal opinions that are not accepted Department policy.

If a reporter or citizen contacts an EPHT team member regarding an issue the team member believes is controversial or they feel uncomfortable answering, the team member shall contact the Chief of the OPI, before responding to the inquiry or refer the reporter/citizen to the Chief of the OPI.

This policy/procedure should not be construed as limiting the rights of an individual to exercise freedom of speech.

### ***Interaction with the State Legislature, Congressional Delegation, or their staffs***

#### **Non-budgetary programmatic issues:**

Telephone Contacts. When an EPHT team member receives a call from state or federal legislators or their staff, they are expected to answer specific questions regarding facts or clearly established policy but should refer any requests for opinions on issues not of a general nature to the BEE Chief, the Section for Environmental Public Health (SEPH) Administrator, and DCPH Director. After such a contact, the team member will, within 24 hours, either call or send a brief electronic mail message update to those management staff listed above, the DHSS deputy director, and the Department Legislative Liaison.

Written Requests. Responses to written requests from the Legislature, Congress, or their staffs shall be routed through the DCPH Director's Office to the Department Legislative Liaison. Responses are to be provided within 10 calendar days with either the full information or an explanation of the delay and date for full reply.

Testimony. The Department director, chief operating officer, deputy director, Department Legislative Liaison, division directors, center directors, or their designees act to represent the Department at legislative and congressional hearings. When possible, planned testimony will be prepared in writing and provided to the Department Legislative Liaison at least 24 hours prior to the hearing unless directed otherwise.

Program Initiated Contacts. It is standard procedure for the Department director, chief operating officer, deputy director, division directors, center directors, and Department Legislative Liaison to, when necessary, initiate contacts with the Governor's Office, legislature, congress, or their staffs. Other Department staff may initiate such contacts with the prior approval of the Division of Community and Public Health Director. All such contacts will be reported within 24 hours either by phone or a brief electronic mail message to the Legislative Liaison.

### **Budget/funding issues**

Telephone Contacts. When an EPHT team member receives a call from the Legislature, Congress, Governor's Budget Office, or their staffs, they are expected to answer specific questions regarding facts or established policy but they must refer any requests for opinions on budgetary issues, Department policy, facilities, etc., to the Director of the DCPH. After such a contact, the team member will, within 24 hours, either call or send a brief electronic mail message update to those staff listed above, in addition to the chief operating officer, the DHSS deputy director, and the Department Legislative Liaison.

Written Requests. The DHSS Division of Administration coordinates responses to written requests on budgetary matters.

Testimony. The Department director, chief operating officer, deputy director and/or division and center directors testify at state budget hearings. It is the primary responsibility of the DHSS Division of Administration to interface with the Gubernatorial, Senate or House budget staffs, the Congressional budget office and Office of Management and Budget (OMB) on Department budgetary issues. The Department budget staff will attend all DHSS-related budget hearings and coordinate appropriate written response to questions that arise.

Fiscal Notes. Fiscal notes are formal requests from the state legislature asking state departments to estimate their costs for implementing proposed items of legislation. It is the policy of the DHSS to use fiscal notes to reflect, as accurately as possible, the true cost of a bill. It is the duty of the Division of Administration to coordinate fiscal note preparation by working with the Department Legislative Liaison, deputy director(s) and the division(s) or center(s) involved to assure that this policy is followed.

### **Other Requests for Information**

Employees shall use good judgment when contacted about sensitive issues by key policymakers such as:

- County Commissioners/Board of Trustee members
- State Ombudsman
- City councilmen or aldermen
- Executives of state organizations and associations.

If the contact relates to a controversial or newsworthy issue, the OPI will be involved. If a request for information relates to legislation or legislative issues, the Department Legislative Liaison shall be involved. In other instances, the information may need to be conveyed directly to the Department Director's Office or to one of the division/center directors, and the district/regional director.

### **Data Releases**

Data releases are governed by many sources. Details regarding specific release of data may vary, depending upon the intended purpose, and are found in each MOU/A.

In general, statistical data can be released to such entities as LPHAs, community planning partners, health care providers, and the general public in aggregate format. However, in some cases where aggregate data contains certain small numbers (termed small cell data) and could indirectly identify a patient (for example, release of risk and race in low prevalence and low population counties), data may be released in an alternate format (e.g., less than five cases, less than ten cases, etc.).

Patient level records are not public information, and may be shared only with other public health authorities and co-investigators of a health study if they abide by the same confidentiality restrictions required by DHSS under section 192.067 of Missouri's Revised Statutes.

## Concept of Operations

“Risk analysis is the science of evaluating health, environmental, and engineering risks resulting from past, current, or anticipated future activities.”

“Risk analysis is an interdisciplinary science that relies on epidemiology and laboratory studies, collection of exposure and other field data, computer modeling, and related social and economic and communication considerations. In addition, social dimensions of risk are addressed by social scientists.”

- Risk Analysis  
An International Journal

Risk analysis, for the purpose of this plan, includes risk assessment, risk management, and risk communication. The EPHT team and affiliated partners understand that circumstances may arise that could create unique and unexpected situations. While no one document can detail every possible risk, this plan was created to address those risks specifically associated with Missouri’s EPHT network and its inclusion in the national network.

This plan is based on the Missouri EPHT program’s *Strategic Plan through July 31, 2014*. The use of the strategic plan as the source of the *Risk Communication and Management Plan* was made to:

- Be proactive, not reactive
- Build off of existing resources
- Provide detail for data partners and stakeholders
- Integrate planning processes to provide for consistent, cohesive self-assessment and evaluation of program activities

The Missouri EPHT *Strategic Plan through July 31, 2014* is available on the DHSS website at:

[http://EPHTN.dhss.mo.gov/EPHTN\\_Data\\_Portal/pdf/MO\\_EPHT\\_Strategic\\_Plan.pdf](http://EPHTN.dhss.mo.gov/EPHTN_Data_Portal/pdf/MO_EPHT_Strategic_Plan.pdf)

## General Risks

### Risks

General risks to the Missouri EPHT program/network and its inclusion in the national network include:

- A. A change in funding of the EPHT program
- B. CDC could change the priority of the EPHT program
- C. DHSS could change the priority of the EPHT program
- D. Information Technology Services Division (ITSD) could change the priority of the EPHT program
- E. Reorganization of state agencies could impact partnerships
- F. Change in DHSS application architecture MOHSAIC
- G. Loss of staff involved in EPHT network
- H. Inability of hire for vacant positions
- I. Misconceptions/confusion about the EPHT program and network

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	4	5
B	1	4	5
C	1	3	4
D	1	3	4
E	2	2	4
F	1	3	4
G	1	2	3
H	2	2	4
I	3	3	6

### Risk Plot Chart

High			I	
Medium		E H		
Low		G	C D F	A B
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT team is working to:

- Continue to educate higher management in both the DHSS and the OA about the benefits, functionalities, and partnerships of the EPHT network.
- Ensure continuation of external funding.
- Educate and promote the necessity and use of both the national and state EPHT networks.



Goal 1:	Operate, maintain, and enhance the Missouri EPHT network for the collection, access, analysis and dissemination of environmental public health data, knowledge and information.
Objective 1:	House and maintain data in a way that can be added to the National EPHT network.

## Risks

Risks to this goal and objective include:

- A. Poor data quality from the source
- B. Use of data for reasons other than it was collected
- C. Standards not descriptive or over prescriptive

## Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	3	2	5
B	3	1	4
C	1	1	2

## Risk Plot Chart

High	<b>B</b>	<b>A</b>		
Medium				
Low	<b>C</b>			
	Low	Moderate	Severe	Extreme

## Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Following proper information technology (IT) practices including the following of Public Health Information Network (PHIN) security and network standards.
- Conducting thorough testing of all IT systems to bear out any potential problems and the solutions necessary to repair them.
- Ensuring Missouri's participation in the Standards and Network Development (SND) subcommittee, to develop national standards for both the EPHT network and the data sets to be exchanged.
- Documenting in detail all policies and procedures necessary within each MOU/A for both data acquisitions and exchanges.
- Working with sister state agencies to adopt statewide equipment, software, and data standards.

Goal 1:	Operate, maintain, and enhance the Missouri EPHT network for the collection, access, analysis and dissemination of environmental public health data, knowledge and information.
Objective 2:	Provide secure access to data for potential users.

## Risks

Risks to this goal and objective include:

- A. Network traffic from all users simultaneously could overload the system
- B. Data may be lost through a catastrophic network failure
- C. Sensitive data may be accessed by unauthorized parties through intrusive measures (hacking)
- D. Unintentional unauthorized data access

## Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	2	3
B	1	4	5
C	1	4	5
D	1	2	3

## Risk Plot Chart

High				
Medium				
Low		A D		B C
	Low	Moderate	Severe	Extreme

## Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Following proper IT practices including the following of PHIN security and network standards.
- Conducting thorough testing of all IT systems to bear out any potential problems and the solutions necessary to repair them.
- Conducting load surveys to assess the condition of network traffic.
- Utilizing the “least-access” security method to assign user roles and access.
- Archiving all network files on a regular schedule. In the event of a server failure, data can be restored to their latest archived state.

Goal 1:	Operate, maintain, and enhance the Missouri EPHT network for the collection, access, analysis and dissemination of environmental public health data, knowledge and information.
Objective 3:	Continue to provide, maintain, and enhance mechanisms for secure data transport.

## Risks

Risks to this goal and objective include:

- A. Unable to procure needed equipment
- B. Failure to secure transport protocols
- C. National PHIN standards don't work
- D. National standards are not compatible with partners
- E. National standards are not created in time for state implementation

## Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	2	3
B	1	3	4
C	2	2	4
D	2	2	4
E	1	2	3

## Risk Plot Chart

High				
Medium		<b>C D</b>		
Low		<b>A E</b>	<b>B</b>	
	Low	Moderate	Severe	Extreme

## Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Ensuring Missouri's participation in the SND subcommittee, to develop national standards for both the EPHT networks and the data sets to be exchanged.
- Documenting in detail all policies and procedures necessary within each MOU/A for both data acquisitions and exchanges.
- Working with sister state agencies to adopt statewide equipment, software, and data standards.

Goal 2: Promote the use of Missouri's EPHT network through marketing and outreach.

Objective 1: Enhance Missouri's workforce and infrastructure.

### Risks

Risks to this goal and objective include:

- A. Lack of participation in EPHT-related trainings
- B. Resource and personnel limitations to provide training
- C. Loss of collaboration on Local Emergency and Environmental Public Health Initiative

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	2	3	5
C	2	3	5

### Risk Plot Chart

High				
Medium		A	B C	
Low				
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Educating stakeholders on the utility of the EPHT network
- Evaluating training effectiveness

Goal 2:	Promote the use of Missouri's EPHT network through marketing and outreach.
Objective 2:	Facilitate the awareness and use of the EPHT network by implementing social media and marketing outreach opportunities

### Risks

Risks to this goal and objective include:

- A. Unable to obtain necessary management approvals for outreach activities
- B. Limitations on outreach activities and resources.
- C. EPHT Portal could be made vulnerable to intrusive attacks (hacking).
- D. Limited funding for social media/marketing advertisement

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	3	3	6
B	2	2	4
C	1	4	5
D	3	2	5

### Risk Plot Chart

High		D	A	
Medium		B		
Low				C
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Educate management of the importance and necessity of social marketing and media outreach.
- Carefully review and evaluate previous outreach efforts to determine effective and efficient outreach opportunities.
- Work with information technology partners to ensure security of EPHT tools and resources.

Goal 2:	Promote the use of Missouri's EPHT network through marketing and outreach.
Objective 3:	Facilitate the awareness and use of the EPHT network by traditional sources.

### Risks

Risks to this goal and objective include:

- A. Actions/reactions of program staff based on influence, public opinion, and/or unfounded mandates
- B. Logistical problems in coordinating public events
- C. Partners ignore/refuse technical advise

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	3	1	4
C	2	2	4

### Risk Plot Chart

High	<b>B</b>			
Medium		<b>A C</b>		
Low				
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Working closely with stakeholders
- Continuing to educate program management and staff on EPHT
- Ensuring planning of public events and synthesizing lessons learned
- Publicly displaying products of the EPHT network regularly

Goal 2:	Promote the use of Missouri's EPHT network through marketing and outreach.
Objective 4:	Facilitate the awareness and use of the EPHT network by accredited schools of Public Health as well as colleges and universities with complementary areas of study.

### Risks

Risks to this goal and objective include:

- A. Unable to collaborate due to policies and procedures of colleges/universities.
- B. Lack of appropriately trained support personnel
- C. Unable to assist in funding for educational activities and materials.
- D. Lack of understanding of EPHT functionalities, tools, and resources by college/university officials.
- E. Incompatibility of EPHT curricula to integrate into college/university ideology.

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	1	3	4
C	3	2	5
D	3	1	4
E	1	4	5

### Risk Plot Chart

High	<b>D</b>	<b>C</b>		
Medium		<b>A</b>		
Low			<b>B</b>	<b>E</b>
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Selecting partner colleges and universities carefully.
- Providing technical assistance to partners.
- Educating college/university officials on the importance of EPHT and its functionality, tools, and resources.
- Follow the Grade Level Expectations (GLE) and Course Level Expectations (CLE) outlined by the US Department of Education and the DESE.

Goal 3:	Use the EPHT network to guide policy and other actions to improve the health, safety and well-being of Missouri citizens.
Objective 1:	Identify, facilitate, and communicate emerging issues and the risks from environmental exposures to DHSS, allied agencies, and LPHAs

### Risks

Risks to this goal and objective include:

- A. Inappropriate or incomplete datasets
- B. Inappropriate or incomplete data analysis
- C. Conditions chosen because of influence, public opinion, and/or unfounded mandates

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	3	2	5
C	3	3	6

### Risk Plot Chart

High		B	C	
Medium		A		
Low				
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Educating and promoting the necessity and use of metadata
- Providing consultation and technical assistance
- Promoting the use and understanding of good science through EPHT-related trainings



Goal 3:	Use the EPHT network to guide policy and other actions to improve the health, safety and well-being of Missouri citizens.
Objective 2:	Expand and continue to develop the use of EPHT network opportunities to guide policy, practice, and other actions among a virtual technical advisory group (VTAG).

### Risks

Risks to this goal and objective include:

- A. Lack of participation in group
- B. Lack of formal structure creates challenges
- C. Personal interests influencing group
- D. Regional Priorities influencing group
- E. Lack of experts/expertise
- F. Lack of data to adequately identify concerns

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	1	2
B	2	1	3
C	3	1	4
D	3	1	4
E	1	2	3
F	3	2	5

### Risk Plot Chart

High	<b>C D</b>	<b>F</b>		
Medium	<b>B</b>			
Low	<b>A</b>	<b>E</b>		
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Creating an inventory of experts to act as a knowledge base
- Continuing a flexible communication system to interact with partners
- Retaining a virtual group structure
- Supporting health and environmental data collection
- Supporting health and environmental data analysis

Goal 4: Foster collaboration among Missouri's EPHT partners.

Objective 1: Identify and recruit partners for inclusion in EPHT network activities.

### Risks

Risks to this goal and objective include:

- A. Potential EPHT partners not inclined/choose not to participate
- B. Potential EPHT partners unable to participate
- C. Potential EPHT partners have restrictive policies
- D. Lack of funding for support of partners

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	3	2	5
B	2	3	5
C	3	3	6
D	3	2	5

### Risk Plot Chart

High		A D	C	
Medium			B	
Low				
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Continuing to educate partners about the importance and functionalities of the EPHT network
- Creating innovative methods to obtain participation
- Creating useful products that directly benefit partners

Goal 4:	Foster collaboration among Missouri's EPHT partners.
Objective 2:	Collaborate with DHSS, allied agencies, Public Interest group, and fellow EPHT grantee program advisory group(s) to identify environmental public health concerns.

### Risks

Risks to this goal and objective include:

- A. Lack of participation in group
- B. Lack of formal structure creates challenges
- C. Personal interests influencing group
- D. Regional Priorities influencing group
- E. Lack of experts/expertise
- F. Lack of data to adequately identify concerns

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	1	1	2
B	2	1	3
C	3	1	4
D	3	1	4
E	1	2	3
F	3	2	5

### Risk Plot Chart

High	C D	F		
Medium	B			
Low	A	E		
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Creating an inventory of experts to act as a knowledge base
- Continuing a flexible communication system to interact with partners
- Retaining a informal group structure
- Supporting health and environmental data collection
- Supporting health and environmental data analysis

Goal 4: Foster collaboration among Missouri's EPHT partners.

Objective 3: Identify and improve processes for working with and between partners.

### Risks

Risks to this goal and objective include:

- A. Lack of potential funding sources/opportunities
- B. Shortage of time/staff availability
- C. Available funding opportunities fail to support the mission and vision of the EPHT program
- D. Unable to secure funding
- E. Funding secure is inadequate

### Risk Register

Risk	Likelihood	Seriousness	Risk Score
A	2	2	4
B	3	2	5
C	2	1	3
D	2	2	4
E	3	1	4

### Risk Plot Chart

High	<b>E</b>	<b>B</b>		
Medium	<b>C</b>	<b>A D</b>		
Low				
	Low	Moderate	Severe	Extreme

### Mitigating Factors and/or Contingency Plans

In order to diminish these risks, the EPHT program is:

- Enhancing grant- writing skills
- Making grant-finding a priority
- Writing good proposals
- Support partner's efforts to secure funding

## Potential Costs

In the event that these risks were to occur, potential monetary costs would be limited to the capital already expended in benefit of the program or those necessary to repair and/or replace equipment needed to operate Missouri's EPHT portal.

However, non-monetary costs would be substantial and threaten the viability of Missouri's network. These costs include the loss of:

- Data quality, availability, continuity, and reliability
- Collaborative data sharing, projects, and research with other states and universities
- Staff time, talent, experience, and credibility
- Goodwill and faith by stakeholders and/or partners
- Recruiting new partners and the retention of existing partners

## EPHT Communications

In the event that any of these risks were to occur, the EPHT team will work closely with the OPI to develop and utilize messages appropriate to each audience. Messages will be tailored specifically to each established security role and delivered in the most efficient and timely manner possible.

Primary delivery strategies include posting the notice on Missouri's EPHT network portal, electronic mail, and telephone. Secondary delivery strategies include posting the notice on the Missouri State Government and the DHSS Internet sites.

## Condition-Specific Communications

The EPHT program will share results of its analysis and findings with the DHSS program dedicated to that condition. The program will be responsible for determining the need for any condition-specific communications necessary. For these communications, the EPHT team will act as the knowledge base and work closely with the program responsible and the OPI to develop and test appropriate messages and strategies.

## **Plan Development and Maintenance**

This RCMP is based on previous experiences, ongoing community involvement, information gathered from personal interviews, and other input from community members interested in and/or involved in the EPHT program (e.g., the public, partner entities, elected officials, local business and industry, and government representatives).

The comments received during the interviews have been analyzed, and community involvement and public information activities will continue to be tailored to meet the needs identified by the community.

The RCMP will continue to be revised and updated, as needed, as the program progresses. As part of the EPHT program's ongoing self-assessment, interested parties from the EPHT program, DHSS, OA/ITSD, and other partner entities will meet periodically throughout the year and review this plan to determine whether revisions are needed. Revisions will be published annually.

The RCMP is posted on the DHSS Internet site and available at:

[http://EPHTN.dhss.mo.gov/EPHTN\\_Data\\_Portal/pdf/Missouri\\_EPHT\\_RCMP.pdf](http://EPHTN.dhss.mo.gov/EPHTN_Data_Portal/pdf/Missouri_EPHT_RCMP.pdf)

The plan is also provided to all partner entities and included in executed MOU/As.

## **Appendices**

- A. EPHT Staff Listing (1 pages)
- B. EPHT Grantee Map (1 page)
- C. DHSS Organization Chart (1 pages)
- D. DHSS Public Notification Contact Listing (1 pages)
- E. Data Sharing Agreement (DSA) and Memorandum of Understanding/Agreement (MOU/A) (1 pages)
- F. EPHT Acronym List (2 pages)
- G. References and Sources (6 pages)

## Appendix A

### EPHT Staff Listing

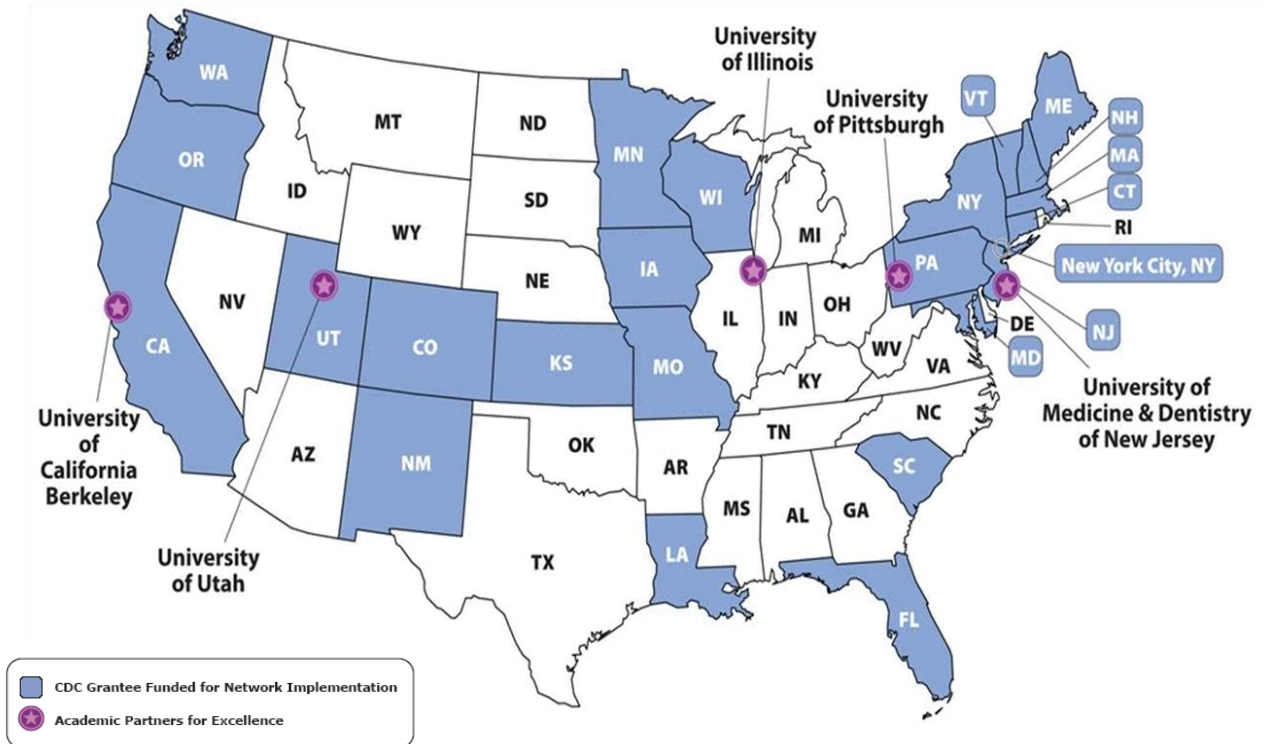
Position Title	Staff Name	Contact Number*
Public Health Manager	Roger Gibson	751-6102
Environmental Specialist IV	Vacant	751-6102
Senior Epidemiology Specialist	Lori Harris	526-6944
Senior Epidemiology Specialist	Vacant	751-6102
Research Analyst I/II	Jennifer Lewis	526-0207
Research Analyst III	Kris Schwartz	526-0806
Research Analyst III	David Litchfield	751-6416
Computer Information Technologist Specialist II	David Mark Brothers	526-3617
Health Program Representative I/II	Alicia Taube	522-3027
Senior Office Support Assistant	Nancy Hart	751-6102
Geographic Information Systems Specialist	Tracy Schloss	522-8306

\*All telephone numbers are within the 573 area code.

## Appendix B



### EPHT Grantee Map CDC's Environmental Public Health Tracking Program Grantees FY 2011



#### Funded for Network Implementation

California	Kansas	Massachusetts	New York	Utah
Colorado	Louisiana	Minnesota	New York City	Vermont
Connecticut	Maine	New Hampshire	Oregon	Washington
Florida	Missouri	New Jersey	Pennsylvania	Wisconsin
Iowa	Maryland	New Mexico	South Carolina	

#### Academic Partners for Excellence

University of California, Berkeley  
University of Illinois  
University of Pittsburgh

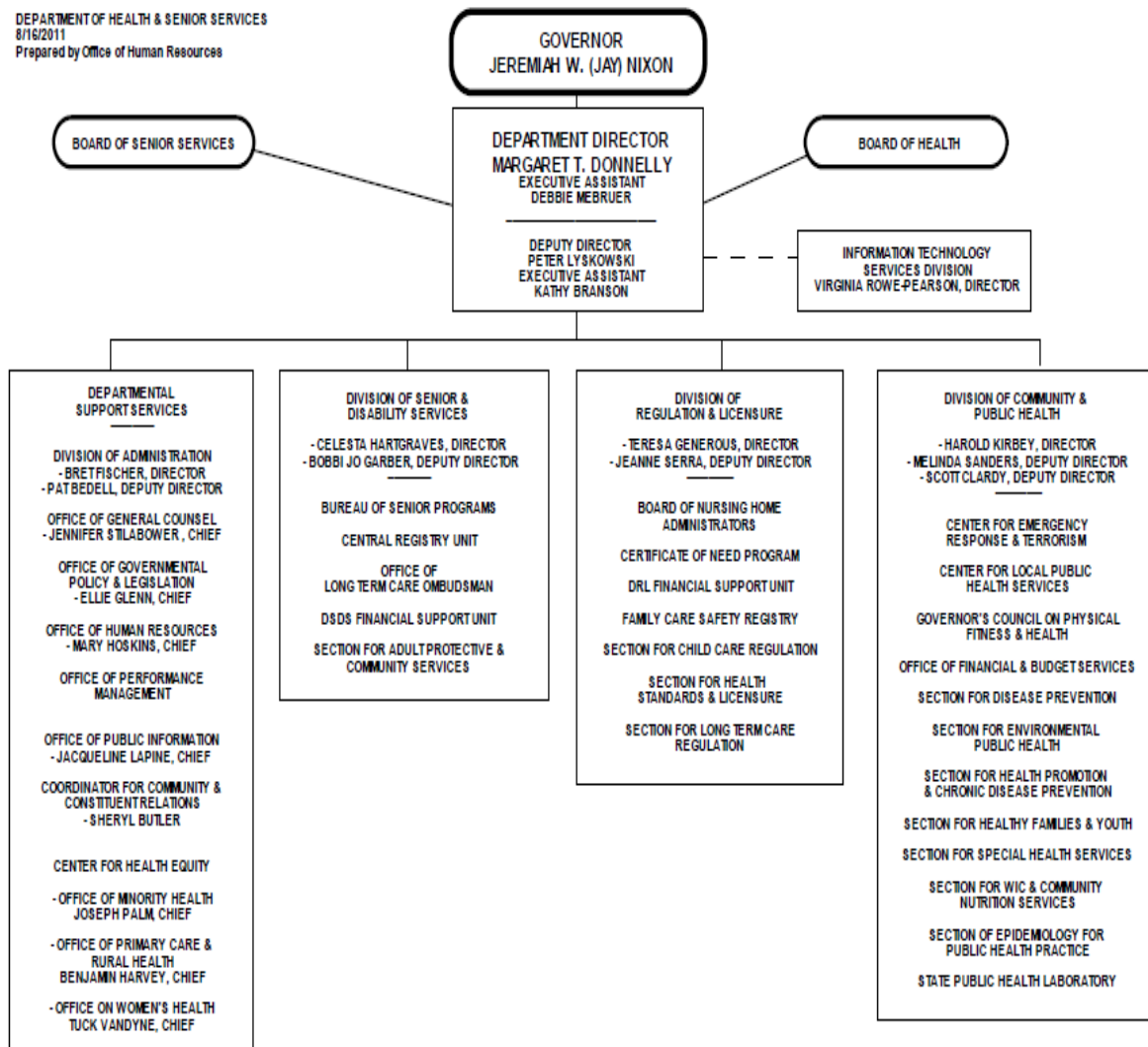
University of Medicine and Dentistry of New Jersey  
University of Utah



## Appendix C

### Department of Health and Senior Services Organization Chart

DEPARTMENT OF HEALTH & SENIOR SERVICES  
8/16/2011  
Prepared by Office of Human Resources



## **Appendix D**

### **Division of Community and Public Health Public Notification – Chain-of-Command**

DHSS Department Director  
Executive Assistant

DHSS Deputy Director  
Executive Assistant

Office of Governmental Policy and Legislation Chief  
Assistant

Community and Public Health Division Director  
Assistant

Community and Public Health Deputy Division Directors  
Community and Public Health Operations Manager  
Assistant

Section for Environmental Public Health Chief  
Assistant

Bureau of Environmental Epidemiology Chief  
Assistant

More information on contacts and organizational structure can be found in the directory of services located at <http://health.mo.gov/about/director.php>

## Appendix E

### **Data Sharing Agreement (DSA) and Memorandum of Understanding/Agreement (MOU/A) Contacts**

The EPHT team has completed and submitted a DSA template to the DHSS, Office of General Counsel for review. Pending the legal opinion, no trading partnership agreements have been executed.

<b>Agreement Between the EPHT Program and:</b>	<b>Partner Agency Contact Person</b>	<b>Telephone*</b>
Missouri Department of Social Services – MO HealthNet Division	Betty Emerich HIPAA Analyst/ Divisional Privacy Officer	751-7996
Missouri Department of Health & Senior Services – BVR	Ivra Cross State Registrar	526-0348
Missouri Department of Health & Senior Services – Bureau of Health Informatics (BHI)	Nancy Hoffman Interim Section Chief	751-6206
Missouri Department of Natural Resources	Leanne J. Tippet Mosby, Director of Division of Environmental Quality	751-7840

## Appendix F

### EPHT Program – Acronym List

<u>Acronym</u>	<u>Meaning</u>
APEX	Academic Partners for Excellence
ATSDR	Agency for Toxic Substances and Disease Registry
BEE	Bureau of Environmental Epidemiology
BHI	Bureau of Health Informatics
BVR	Bureau of Vital Records
CAEPH	Center of Applied Environmental Public Health
CARES	Center for Agricultural, Resource, and Environmental Systems, MU
CDC	Centers for Disease Control and Prevention
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CERT	Center for Emergency Response and Terrorism
DCPH	Division of Community and Public Health
DED	Department of Economic Development
DESE	Department of Elementary and Secondary Education
DHSS	Department of Health and Senior Services
DICE	Data Investigation, Collection, and Evaluation protocol
DNR	Department of Natural Resources
DSA	Data Sharing Agreement
DSPS	Division of Senior and Disability Services
DSR	Department Situation Room
DSS	Department of Social Services
EPA	United States Environmental Protection Agency
EPCRA	Emergency Planning and Community-Right-to-Know Act
EPHT	Environmental Public Health Tracking
FBI	Federal Bureau of Investigations
FIN	Fish Interstate Network
FRFA	Requests for Applications
GIS	Geographic Information System
GPS	Global Positioning System
HHS	Health and Human Services
HIPPA	Health Insurance Portability and Accountability Act
HSEES	Hazardous Substances Emergency Events Surveillance
HUD	Housing and Urban Development
IMOP	Incidents of Mines, Occurrences, and Prospects
IT	Information Technology
ITSD	Information Technology Services Division
LPHA	Local Public Health Agency

<b><u>Acronym</u></b>	<b><u>Meaning</u></b>
MCDC	Missouri Census Data Center
MCR-ARC	Missouri Cancer Registry and Research Center
MDA	Missouri Department of Agriculture
MDC	Missouri Department of Conservation
MOHSAIC	Missouri Health Strategic Architectures and Information Cooperative
MOU/A	Memorandum of Understanding/Agreement
NEPA	National Environmental Policy Act
NIMS	National Incident Management System
NNIP	National Network Implementation Plan
NRDA	Natural Resource Damage Assessment
OA	Missouri Office of Administration
OMB	Office of Management and Budget
OOS	Office of Surveillance
OPI	Office of Public Information
OSHA	Occupational Safety and Health Act
PHIN	Public Health Information Network
RCMP	Risk Communication and Management Plan
RCRA	Resource Conservation and Recovery Act
RPoN	Relative Pocket of Need formula
SND	Standards and Network Development
SWOT	Strengths/Weaknesses/Opportunities/Threats
USGS	United States Geological Survey
VTAG	Virtual Technical Advisory Group

## Appendix G

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